



**MOSTARS**, the student assistance division of the  
MISSOURI DEPARTMENT OF HIGHER EDUCATION

## APPLICATION FOR THE VIETNAM VETERAN'S SURVIVOR GRANT PROGRAM



3515 AMAZONAS DRIVE  
JEFFERSON CITY, MO 65109  
(800) 473-6757 OR (573) 751-3940

**NOTE** ► PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION (see the back of this page).

### I. STUDENT APPLICANT (required for all applicants)

*Please print neatly or type. Read the instructions carefully.*

1. LAST NAME FIRST NAME MI			2. SOCIAL SECURITY NUMBER		
3. PERMANENT HOME ADDRESS			4. HOME TELEPHONE NUMBER ( )		
CITY		STATE	ZIP CODE		
5. PERIOD OF ENROLLMENT (USE FIGURES) FROM: MO YEAR TO: MO YEAR					
6. NAME OF VIETNAM VETERAN		7a. MISSOURI RESIDENT WHEN ENTERING THE MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		7b. MISSOURI RESIDENT AT THE TIME OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
8. INDICATE YOUR RELATIONSHIP TO THE VIETNAM VETERAN <input type="checkbox"/> CHILD <input type="checkbox"/> SPOUSE			9. ARE YOU A CITIZEN OR PERMANENT RESIDENT OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
10. NAME OF THE APPROVED MISSOURI SCHOOL YOU WILL ATTEND:					

**I CERTIFY THE INFORMATION PROVIDED IN SECTION I IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

11. SIGNATURE OF THE APPLICANT	DATE
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### II. VETERAN'S ADMINISTRATION (not required for prior recipients)

12. ADDRESS			13. PHONE NUMBER ( )		
CITY		STATE	ZIP CODE		
14. DATES SERVED IN VIETNAM CONFLICT: FROM: MO YEAR TO: MO YEAR					
15. WAS THE THE DEATH OF THE VIETNAM VETERAN CONTRIBUTED TO OR CAUSED BY THE EXPOSURE TO TOXIC CHEMICALS DURING THE VIETNAM CONFLICT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
16. BRIEF EXPLANATION OF THE CAUSE OF DEATH:				17. DATE OF VETERAN'S DEATH MO DAY YEAR	

### VETERAN'S ADMINISTRATION OFFICIAL COMPLETING THIS APPLICATION

**I CERTIFY THE INFORMATION PROVIDED IN SECTION II IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

18. SIGNATURE OF VETERAN'S ADMINISTRATION OFFICIAL FOR APPLICATION AND CERTIFICATION	PRINT OR TYPE NAME AND TITLE	DATE
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### III. STUDENT FINANCIAL AID OFFICE OF THE SCHOOL (required for all applicants)

19. NAME OF THE SCHOOL			ADDRESS		
CITY		STATE	ZIP CODE	TELEPHONE NUMBER ( )	
20. PERIOD OF ENROLLMENT FROM: MO DAY YEAR TO: MO DAY YEAR					
21. HAS THE APPLICANT EARNED A PREVIOUS BACCALAUREATE DEGREE OR COMPLETED 150 SEMESTER CREDIT HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
22. IS THE APPLICANT ENROLLED FULL TIME OR INTENDING TO ENROLL FULL TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO					
23. IS THE APPLICANT MAKING SATISFACTORY ACADEMIC PROGRESS ACCORDING TO THE STANDARDS OF THE SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO				24. GRADE LEVEL CLASSIFICATION	
25. AMOUNT OF FULL-TIME TUITION FOR THE PERIOD OF ENROLLMENT \$ _____					

### FINANCIAL AID OFFICER COMPLETING THIS APPLICATION

**I CERTIFY THE INFORMATION PROVIDED IN SECTION III IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

26. SIGNATURE OF FINANCIAL AID ADMINISTRATOR	PRINT OR TYPE NAME AND TITLE	DATE
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PLEASE NOTE: SCHOOLS MAY PHOTOCOPY COMPLETED APPLICATION

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## MOSTARS

### a division of the Missouri Department of Higher Education Instructions for completing the Vietnam Veteran's Survivor Grant Program Application

#### PRIVACY ACT NOTICE

Your social security number is being requested on this form pursuant to the authority of section 173.235, RSMo, which empowers the Coordinating Board for Higher Education to adopt regulations governing the "form, time and method of filing applications." One of the Coordinating Board's regulations, found in 6 CSR 10-2.130(2)(A)(6) requires the applicant to complete the application, including the applicant's social security number subject to the provisions of section 7 of Pub. L. 93-579.

You do not have to disclose your social security number. You will not be denied any right, benefit, or privilege provided by law in regard to the Vietnam Veteran's Survivor Grant Program if you refuse to disclose your social security number on the application. If you do disclose your social security number, that number will be used to verify your identity, and as an account number (identifier number) in order to record necessary data accurately. As an identifier, the social security number is used in such program activities as determining program eligibility and certifying school attendance and student status.

#### INSTRUCTIONS

##### SECTION I - Student Applicant (Items 1-11) Required for all applicants.

**APPLICANT'S CERTIFICATION:** I, the applicant, certify that the information contained in Section I of this application is true, complete, and correct to the best of my knowledge. As to any award made to me as the result of this application, I hereby authorize the school to pay to MOSTARS any refund which may be due to me up to the amount of this award if I withdraw or drop below full-time status during the school's refund period. I certify that the proceeds of any award made as a result of this application will be used for educational purposes for the enrollment period covered by this application at the school.

**ITEM 1: Full Name.** Enter your full name (last name, first name, middle initial).

**ITEM 2: Your Social Security Number.** (Read the Privacy Act Notice before completing this item.) Enter your nine-digit social security number.

**ITEM 3: Permanent Home Address.** Enter your permanent home address. Include your street number, RFD or post office box, city, state, and zip code. A temporary address is not acceptable.

**ITEM 4: Home Telephone Number.** Enter your permanent home telephone number including area code. If you do not have a permanent home telephone number, enter "none."

**ITEM 5: Period of Enrollment.** Enter the starting and ending dates (e.g., from 8/99 to 5/00) of the enrollment period for which this award is to be used. These dates should coincide with the regular school period such as semester, trimester, academic year, etc.

**ITEM 6: Name of Vietnam Veteran.** Enter the complete name of the Vietnam veteran whose death was attributed to illness that could possibly be a result of exposure to toxic chemicals during the Vietnam conflict.

**ITEMS 7a and 7b: Vietnam Veteran's State of Residence.** The veteran must have been a permanent resident of Missouri when first entering the military service and at the time of death.

**ITEM 8: Relationship to the Vietnam Veteran.** To be eligible, you must have been a child or a spouse of the deceased Vietnam veteran.

**ITEM 9: Citizen or Permanent Resident.** You must be a citizen or permanent resident of the United States to be eligible.

**ITEM 10: Name of Missouri School You Will Attend.** Enter the name of the Missouri school you are interested in attending or at which you have been accepted or in which you are enrolled. The school must be an eligible Missouri school.

**ITEM 11: Signature of Applicant.** Enter your signature and the date this application is completed. Your signature certifies you have read, understood and agreed to the conditions stated in the "Applicant's Certification."

**SECTION II. Veteran's Administration (Items 12-18).** This section should be completed by the Veteran's Administration. Not required to be completed for prior recipients. Skip to Section III.

**VETERAN'S ADMINISTRATION CERTIFICATION:** I certify that the information provided in Section II is true, complete, and correct to the best of my knowledge.

**ITEM 12: Address of the Veteran's Administration.** Enter the complete address (street, city, state, zip code) of the Veteran's Administration.

**ITEM 13: Phone Number of the Veteran's Administration.** Enter the complete phone number of the Veteran's Administration.

**ITEM 14: Dates the Vietnam Veteran Served in the Vietnam Conflict.** Enter the dates the Vietnam veteran served in the Vietnam conflict. The Vietnam veteran must have served in the Vietnam conflict between 1961 and 1972.

**ITEM 15: Cause of Death.** The cause of death must have been attributed to an illness that could possibly be the result of exposure to toxic chemicals during the Vietnam conflict.

**ITEM 16: Explanation of Death.** Enter a brief explanation of the death of the deceased Vietnam veteran.

**ITEM 17: Date of Death.** Enter the date of death of the Vietnam veteran.

**ITEM 18: Signature of the Veteran's Administration.** Enter the authorized signature of the Veteran's Administration official completing the application along with the official's title and the date the application was completed. Your signature certifies that you have read and understand the conditions stated in the "Veteran's Administration Certification" and that the applicant qualifies as an eligible applicant.

**SECTION III. Student Financial Aid Office of the School (Items 19-26).** This section should be completed by the financial aid office of the school the applicant will be attending. Required for all applicants.

**SCHOOL CERTIFICATION:** I certify the information provided in Section III is true, complete, and correct to the best of my knowledge.

**ITEM 19: School Information.** Enter the official name, complete address (street, city, state, zip code), and phone number of the school.

**ITEM 20: Period of Enrollment.** Enter the enrollment period for which the grant is being requested. Use the dates in Item 5 of the student's section only as a guide to completing this item. These dates should coincide with the regular school period such as semester, trimester, academic year, etc.

**ITEM 21: Previous Baccalaureate Degree or Completed 150 Semester Credit Hours.** Indicate whether or not the student has earned a previous baccalaureate degree or has completed a total of at least 150 semester credit hours. If a student has earned a previous baccalaureate degree or completed 150 semester credit hours or more, he/she is not eligible to receive benefits under the Vietnam Veteran's Survivor Grant Program.

**ITEM 22: Applicant's Intended Enrollment Status.** Enter the applicant's intended enrollment status the enrollment period the grant is being requested. To be eligible, the applicant must be enrolled intend to enroll full time as defined by the school.

**ITEM 23: Satisfactory Academic Progress.** Applicant must maintain satisfactory academic progress defined by the school to be eligible for a grant award.

**ITEM 24: Grade Level Classification.** Enter the appropriate grade level classification as defined by school. Use the following codes to complete item:

1st year (freshman)	- 1
2nd year (sophomore)	- 2
3rd year (junior)	- 3
4th year (senior)	- 4
5th year (fifth-year senior)	- 5

**ITEM 25: Amount of Full-Time Tuition for the Period of Enrollment.** Enter the amount of tuition or incidental fee charged for nondesignated and unrestricted fees for a full-time student based on two (12) credit hours. The maximum Vietnam Veteran's Survivor Grant Program award amount for an applicant per academic year shall be the least of actual tuition charged at the school where the applicant is enrolled or accepted for full-time enrollment or the amount of tuition and incidental fees charged a Missouri undergraduate resident enrolled full time in the same class level (freshman, sophomore, junior, senior) and the same academic major of eligible survivor at the institutions identified in section 174.020, RSMo.

**ITEM 26: Signature of Financial Aid Officer.** Enter the authorized signature of the school official completing the grant application along with the official title and the date the application was completed. Your signature certifies that the applicant name in Section I is accepted for enrollment or intended enrollment, is in good standing as a full-time student making satisfactory academic progress at the school and has been determined to be eligible for the Vietnam Veteran's Survivor Grant Program.